

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047929

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6758

STATE FILE NUMBER

FILED DEC 27 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2	3-2-18-2
3	
4	1
5	1
6	
7	1
8	2
9	1/12-1
10	
11	
12	90-0
13	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1400 Bennington</u>		d. STREET ADDRESS (If outside, give location) <u>1400 Bennington</u>	
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>Pearl</u> Last <u>Burge</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/20/89</u>
9. AGE (last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H. D. Lee Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Evansville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Anna K. Reefer</u>	
14. NAME OF HUSBAND OR WIFE <u>Lee W. Burge</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Dorothy Wisner</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u> Conditions, if any, due to (b) <u>Grade III Adenocarcinoma of colloid type</u> above cause (a), stating the underlying cause last. <u>Primary carcinoma of Lung?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:45</u> a.m. <u>p.m.</u> Month, Day, Year <u>Aug 23 1963</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Kansas City</u>		20f. COUNTY <u>Independence, Missouri</u>	
21. I attended the deceased from <u>Aug 23 1963</u> to <u>Dec 12 1963</u> and last saw her alive on <u>Nov. 24, 1963</u> Death occurred at <u>6:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. Ferris</u> (degree or title) <u>MD</u>	
22b. ADDRESS <u>6400 Prospect Ave</u> <u>Kansas City</u>		22c. DATE SIGNED <u>Dec 13 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/16/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>		24. FUNERAL DIRECTOR <u>Earp & Sons</u>	
25. DATE RECD. BY LOCAL REG. <u>12-13-63</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

William H. Egan

Licensed Embalmer No. 4728

P.O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.